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ABSTRACT OF A REPORT FROM THE COMMISSION TO THE INTERNATIONAL MEDICAL CONGRESS AT PARIS, AUGUST, 1867.

(Concluded from page 22.)

THE third *séance* of the Congress took place on Wednesday, the 21st of August, and was devoted to the consideration of the following question upon the official programme, viz. :—The Sequelæ or General Accidents consequent upon Surgical Operations, and which result in Death.

The discussion was opened by Professor Bourgade, of Clermont-Ferrand, with an essay upon the beneficial effects of perchloride of iron after surgical operations. With regard to the general accidents supervening upon surgical operations, and which frequently produce death, he would lay down three general propositions :—1st. These accidents do not, as a rule, obtain in the country, whereas they are very frequent in large towns and in hospitals. 2d. Even under the conditions last named they are rarely seen after the use of caustics, but very often after the employment of the knife. 3d. Once supervening they are almost always fatal. Their development must therefore, if possible, be prevented. It is important, then, to recognize their cause.

There exists, he says, in the surroundings of every hospital surgical patient an influence unfavorable to the cure of wounds. It may be a miasm, a process of fermentation, or the presence of some other noxious element. This presence, call it what you choose, exerts a deleterious local influence upon wounds, which he seeks to prevent by the direct application of perchloride of iron as a caustic. His method is as follows, viz. :—Immediately after the operation and the application of the necessary ligatures, he washes and dries the wound with the greatest care, and as soon as the flow of blood is stopped he covers the entire surface with lint soaked in a solution of perchloride of iron of thirty degrees of strength—the bones, muscles, vessels, cellular tissue, all the exposed parts, indeed, of the wound, being subjected to the action of this solution. A solid, adherent coating—a kind of emplastic cuirass—is thus formed, which effectually protects the tissues from the noxious action of the external air. This coating is to remain undisturbed until it drops off of itself under the influence of suppuration, which usually occurs on the sixth or eighth day, sometimes, however, not till the tenth. He is careful not to pull away any adherent threads which may be left sticking to the wound, but allows them also to be detached in due time by the suppurative process. The coating, on falling off, discloses a blackish, escharotic surface, which in its turn gradually disappears and exposes to view a rose-colored, healthy granulation. The wound is then dressed with an aromatic wine; a healthy and not very abundant suppuration ensues, and the case progresses gradually and without drawbacks of any kind towards a complete cure. M. Bourgade had treated in this way 95 cases of surgical wounds, all of which he stated to have been successful. Hygienic measures, he insists, must not be lost sight of in connection with the local treatment.

M. Jeannel, of Bordeaux, mistrusted all such local remedies, notwithstanding the statements of M. Bourgade and his extraordinary success in the 95 cases cited. He put greater confidence in general hygienic measures than in any topical treatment.

Prof. Gosselin expressed his surprise at the remarkable success claimed by M. Bourgade with the perchloride of iron, but did not commit himself either for or against its use.

M. Bourgade here said that his plan of treatment by no means excluded the adoption of general hygienic measures. Time and experiment would decide the value of his course. He might regret that, for the present, he could not chronicle a single failure to give zest and interest to his statistics.

Prof. Barbosa, of Lisbon, next offered a memoir embracing the statistics of the

principal operations performed during the past twelve years in the Hospital of St. Joseph, in Lisbon. In this paper he discussed—1st. The statistics of mortality in that hospital compared with those of hospitals in other countries. 2d. The causes to which death is due after the performance of operations. 3d. The influence of race, climate, diet, modes of dressing and treatment of wounds and general hygienic measures on the results of the operations. He stated that out of 243 amputations, 59 only, or 24·21 per cent., were fatal; of 62 amputations of the thigh, 29, or 46·8 per cent., were fatal; of 13 resections, only 1 proved fatal; in 28 cases of lithotomy, he had 10 deaths; in 34 operations for hernia, 20 deaths; in 19 ligatures of arteries, 3 deaths; in 407 extirpations of tumors, 16 deaths. The greatest mortality was found to be in spring; next in order winter, then summer, and lastly autumn. Among the causes of death he rates purulent infection first, which occurred 44 times in 100 cases; next erysipelas, which occurred 18·6 times in 100 cases. M. Barbosa attributes these comparatively favorable results to the invariably good hygienic conditions of his wards.

Prof. Gosselin, of Paris, now read an interesting paper on the prophylaxis of erysipelas and purulent infection in the surgical wards of hospitals. He had become convinced that erysipelas is an infectious and contagious disease. In opposition, therefore, to his former practice, he now attends carefully to the ventilation of his wards and to the separation and seclusion of patients affected with erysipelas. In the removal of tumors he employs, whenever possible, the agency of caustics in place of the knife. He has found from his statistical accounts that females are oftener attacked with erysipelas than males, and that it proves more frequently fatal with the former than with the latter.

For the prevention or diminution of purulent infection, M. Gosselin adopts the following rules:—First and foremost, as perfect a ventilation of the wards as possible; 2d, a careful attention to the moral disposition of the patient, and his cheerful submission, if possible, to the impending operation; 3d, the suppression of pain by anæsthesia during the operation itself, and the avoidance, likewise, of pain in all subsequent dressings of the wound; 4th, the careful ligature of even the smallest arteries; 5th, the avoidance of any attempt at union by first intention; 6th, a tonic and nutritive diet, and cheerful influences generally in all the circumstances and surroundings of the patient.

Prof. Labot, of Bordeaux, gave his views upon the best means of avoiding the accidents which supervene in surgical wards. He advised the non-attempt at a complete re-union of the lips of the wound, prohibits the application of irritating substances, disagreeing in this particular with Prof. Bourgade's opinions, but advocates the use of alcohol to prevent, as he says, the putrefaction of organic substances; and if any symptoms of purulent infection appear he thinks they may be effectually combatted by the use of ergotine administered internally, in doses of from two to three grammes daily, for the space of ten days or a fortnight.

A brief but interesting paper was here read by M. Verneuil, surgeon of Lariboisiere, on the influence of certain constitutional diseases in determining the result of surgical operations. M. Verneuil believes that the condition of the patient in this regard at the time he is operated upon exercises a most important influence upon the result. In illustration of his opinion, he pointed to the well-known fact that operations for lithotomy and lithotrity are critical just in proportion to the aggravated nature and long continuance of the disease for which the operation is necessitated; that amputations and excisions, when performed upon phthisical subjects, are almost invariably fatal; that the amputation of the leg of a patient affected with varicose vessels is always a serious and critical experiment; and that in the case of a patient affected with diabetes, even the slightest surgical operation might result in death. M. Verneuil alluded to the fact of the very imperfect knowledge we still have upon this subject, and the great field which here opens in surgery for scientific investigation and discovery.

The evening *séance* of Thursday, August 22d, was occupied mainly in the consideration of topics connected with anatomy and physiology. I have already alluded to the brilliant demonstrations by M. Brunetti of his method of preserving anatomical and pathological specimens. Immediately following Prof. Brunetti's exhibition, another new system for preserving anatomical preparations was brought forward by MM. Brissaud and Laskouski, two medical students of Paris. Theirs, however, is rather a plan for embalming and preserving such portions of the human subject as are not intended for microscopical examination. Their process, which is not explained in detail, is

founded on the use of phenic acid, and they claim to preserve, in this manner, the various parts of the human body in their natural appearance, color and flexibility for an indefinite period of time.

A very interesting account was here given by Prof. Duvall, of Brest, of his experiments on the bodies of a large number of criminals shortly after their execution. These experiments had a bearing upon the physiology of the nervous system, upon the digestive apparatus, and upon the circulatory, respiratory and genito-urinary organs, and were explained with much detail and particularity. According to M. Duvall, the reflex movements of animal life can readily be excited for two or three hours after execution. The stomach, on being exposed, exhibited the peristaltic motions perceptibly. The undulating movements of the small intestines caused by peristaltic contractions were also distinctly seen. In two subjects, which had been beheaded only five or six minutes previously, the divided extremities of the common carotids were seen to rise and extend beyond the line of section with great regularity, and for a considerable time. At each impulse, a small jet of blood would issue from their open orifices. The pulsations of the heart were distinctly perceptible seven minutes after death. The right auricle and both ventricles were plainly seen to contract—the latter synchronously in point of time. On the introduction of the index finger into the aorta, which had been divided a little distance above its origin, the vessel contracted so tightly that the heart would thus remain suspended for a moment; and this experiment could be successfully repeated an hour and a quarter after death. In his experiments upon the respiratory system, M. Duvall arrived at the conclusion before set forth by M. Duchenne, of Boulogne, that the internal intercostal is an inspiratory muscle, having for its office to raise the lower rib towards the upper, which is immovable, and communicating to the former an eccentric movement by a sort of rotation on its extremities. The contractility of the ureter was shown by mechanical irritation and by the application of electricity. Contractions by means of electricity were also produced in the punctus deferens and the vesiculæ seminales.

M. Duchenne then read a paper upon some further researches on the functions of the intercostal muscles, in which he referred to the experiments of Dr. Duvall as confirming the observations made some time since by himself, and illustrated in certain diseases connected with muscular atrophy. During the reading of his memoir, he passed around the photographs of two patients afflicted with progressive muscular atrophy, in both of whom the action of the respiratory muscles was deficient, and who, in his estimation, were actual demonstrations of the functions of the intercostal muscles.

In connection with this, Prof. Bocelli, of Rome, gave a mathematical demonstration of the movements of the heart and great vessels. He represented the hydraulic axis of the flow of blood from the heart into the arteries by a line drawn from the centre of the aorta to the apex of the heart. On each side of this line he constructed the two sides of a parallelogram to represent the direction of the propelling forces of which it is the resultant. Of these two sides of the parallelogram, one is the axis of the parietes, the other of the ventricular wall. The Professor thus geometrically explained how by the contractions of the walls of the heart the hydraulic axis of the blood in the ventricle is shortened and the blood itself propelled into the aorta. And the same reasoning he applied to explain the progression of the blood in the aorta and smaller vessels. These opinions, he claims, are confirmed by the recent revelations of the sphygmograph.

At the next evening's *séance*, several interesting communications upon cholera were presented, of some of the more important of which I will only give the briefest summary.

Dr. Shrimpton, of Paris, read a paper in which he discussed at some length the origin and nature of this disease, with especial reference to the mooted question of its contagiousness. He believes the only constant symptoms of cholera to be refrigeration, suppressed oxygenation and the peculiar intestinal excretion, the primary cause of all which he asserts to be asphyxia of the elementary cells of the living tissues. The disease cannot be contagious, he said, because it contains no germs of infection. To produce these germs requires a specific organic elaboration, and no such organic process can take place, inasmuch as all organic action is held in abeyance so long as the disease continues. In proof of his belief, he offered to submit himself to any reasonable experiments that a duly appointed medical commission might propose —to sleep, if need be, in the same bed with a patient in the last stages of cholera, to inhale his breath, and even to undergo inoculation of the fluids or excretions from his body.

Dr. Revillant said that when he was sent to Egypt by the French government, in 1865, he believed in the contagiousness of cholera, but what he had observed there had induced him to change his mind in that regard.

Dr. Bonnet, of Bordeaux, gave in his adhesion to the views of Dr. Shrimpton in part. He did not believe in measures for the prevention of the migration of morbid effluvia, but would advocate the establishment of quarantine and sanitary measures on general principles.

Prof. Marcowitz, of Bucharest, who had been sent by the Moldo-Wallachian government to inspect the districts afflicted with cholera in the Danubian Provinces, was opposed to the conclusions of Dr. Shrimpton. He had seen the disease conveyed in trading vessels to the chief marts of the lower Danube, and spread from those points by direct communication along the rivers and established roads into the interior of the country. He considers cholera to be a contagious, but not virulent disease. Poverty be believes to be its main cause. In Moldavia, it is chiefly propagated by the Jews, who are the most destitute and filthy class of the population. At Jassy, the deaths at one time amounted to 150 per diem, but by compelling the emigration of 4,000 Jews to a distance from the town, the mortality fell at once to an average of 30 per day.

Prof. Crocq, of Brussels, expressed his desire to enter a protest against the views of Dr. Shrimpton, so far as contagion is concerned. He fully believes in the contagiousness of cholera, and is prepared to adopt, *in extenso*, the views of Pettenkofer, who maintains that the *materies morbi* exists in the dejections of cholera patients. This opinion was abundantly confirmed in his own private practice.

The afternoon session of Friday, August 23d, was devoted to the consideration of what proved to be one of the most popular as well as exciting questions presented to the Congress. This question, as stated upon the official programme, was, the possibility or advisability of proposing to the various governments of Europe and of the world some efficacious measures to diminish the propagation of venereal diseases. The subject was met at the outset by a proposition on the part of Prof. Béhier, of Paris, that a commission composed of French and foreign members should be appointed by the Congress to take the matter into candid and serious consideration, and agree, if possible, upon some general and efficient sanitary plan for restricting the spread of this malady, and which, in due time, should be presented to all the governments of the civilized world. M. Béhier advocated his proposition with great zeal and ability, and at the conclusion of his remarks the proposition was unanimously carried, and it was resolved that after the reading of the essays and the discussions such commission be appointed. Essays upon the question were then announced as having been presented by Profs. Vleminckx, of Brussels, and Jeannel, of Bordeaux, and by Drs. de Meric of London, Rollet of Lyons, Boens of Charleroi, Owre of Christiania, Cohen of Hamburg, Auzias-Turenne of Paris, and others: two of which—those of de Meric of London and of Rollet of Lyons—being in the form of reports from medical societies in those places. The paper of Prof. Vleminckx being the first on the list, was, in the absence of the author, read by Prof. Crocq. It was devoted mainly to an account of the regulation of prostitution in the city of Brussels. The plan has for its basis the strict enforcement of the following rules:—1st, the registration of all public prostitutes; 2d, their visitation by some competent medical authority every three days; 3d, the punishment of such as do not make their appearance at these visits; 4th, the reward of those who do, by the return to them after the fifth visit the fee paid by them for their registration of such as present themselves regularly; 5th, the sending at once into the hospital any and all who show the first signs of disease; 6th, the prohibition on the part of the visiting physician of his treating any such cases at their private residences.

Thus much for the women. In the army, moreover, such surveillance as is possible is exercised by the authorities, every soldier who is affected with syphilis being questioned as to the origin of the infection, and rewarded when he truthfully makes it it known; while the accused woman is sought out and brought to the hospital by the police.

M. Crocq added, that throughout Belgium generally, although the regulation of prostitution is imposed upon the various parishes, this duty is only partially performed, and a considerable diffusion of venereal disease is the result. The International Hygienic Congress of Brussels, in 1852, had proposed the arrest of every prostitute not registered, making the mistresses of all houses of prostitution responsible in this particular. They had also advised the prohibition of minors, and other

similar measures. Under such restrictions and regulations, according to Prof. Vleminckx, syphilis has almost disappeared in Belgium. M. Crocq, however, while he thought that the malady had been much diminished, acknowledged that it had by no means become extinguished.

Prof. Jeannel, in a long and interesting account of the condition of prostitution in Bordeaux, showed that venereal complaints are very numerous in the rural districts, the poor women migrating from one small village to another to avoid examination and consequent detention in hospital. He considered sailors the chief propagators of syphilis, and urged the necessity of a strict inspection of the maritime population of the ports in all countries.

M. de Meric, in the report adopted by the Harveian Society of London, proposed the establishment of general regulations by which all prostitutes in England should be regularly inspected by competent medical officers. He described the present state of things in that country as most deplorable in this regard.

Dr. Rollet, in behalf of the Imperial Society of Medicine of Lyons, submitted an admirable and voluminous report, which concluded by asserting that the question under discussion was the most important that could engage the attention of the civilized governments of Europe, and advocated the adoption of international laws and regulations bearing upon the subject. It is useless, said this report, for any one nation, like France or Belgium, to adopt a system of sanitary measures, unless such measures are adopted and carried into effect in the neighboring countries likewise. It was urged that soldiers and sailors, at all events, should be compelled by the military authorities to submit to inspection for syphilis whenever they move from one garrison or port to another. Venereal patients ought to be received either in special or general hospitals at all places, and that without difficulty. And, finally, the report recommended that in order to control and enforce the various sanitary measures that might be adopted to prevent the spread of syphilis, an inspector-general should be appointed by the various governments.

M. Mongeot, of Bar-sur-Aube, was next called upon, and, after confirming, in general, the views set forth by those who had preceded him, wandered from the main question under discussion, and proceeded to elucidate his private opinions as to the nature of the syphilitic virus, which he attributes to the existence of a peculiar parasite. This theory, although it had previously been presented to the Congress in a pamphlet distributed among the members by M. de la Plague, and is advocated by a no less able man than M. Diday, of Lyons, was evidently not received with any considerable favor by the Congress. It seemed to be the signal, however, for a general departure from the consideration of the broad system of an international sanitary league against the spread of syphilis, which was before the Congress, and to unleash the whole horde of theories and dogmas on the subject of the source, nature and treatment of syphilis—which, once let loose, like the winds from the bag of Æolus, swept over the Congress with an uncontrollable fury. M. Bouillaud, the President, either could not or dared not attempt to recall the excited assemblage to order. Indeed, either by design or by some fatality, he had that morning placed M. Ricord, the king of syphilographers, in the chair, and was thus himself deprived in great measure of his previous authority as the presiding officer of the Congress, while the president *pro tem.* was only too happy in the opportunity to mingle in the battle which was impending.

Dr. Auzias-Turenne, the sworn enemy of Ricord, threw a shell into the camp by asserting that syphilization was the only real preservative against syphilis. The repeated inoculation of chancre, he said, extinguishes at last all capacity for the disease. A prostitute who has been syphilized is no longer able to communicate it to others, and a certificate to that effect by the proper medical officer ought to suffice in her case against all future medical visitations. Amid the wild excitement and applause that followed this announcement, Dr. Ricord rose in the chair to say that he had oftentimes requested M. Auzias-Turenne to prove the truth of his assertions by inoculating himself with syphilis, which he had never been able to persuade him to do. Dr. Auzias retorted that he brought forward scientific facts and would answer scientific objections, and such objections only. Syphilization must follow in the line of all science, experiments must be made, clinical observations noted; but he did not feel called upon to make experiments on his own person. Dr. Ricord here put in that when he wished to prove that chancre was inoculable, he had tried the experiment on himself; likewise Prof. Galligo, of Florence, a former pupil of Ricord's, testified that he had proved on

his own person the contagious nature of secondary accidents by inoculation, and, by so doing, had contracted syphilis, with all its attendant train of evils.

Prof. Bouillaud here rose to his feet to render homage, as he said, to so noble an act of courage and scientific enthusiasm on the part of M. Galligo, who had thus placed himself upon the same eminence with the illustrious Desgenettes and Chervin; he would triumphantly point to such glorious examples for M. Auzias-Turenne to imitate.

Prof. Jeannel came to the rescue; he agreed with Dr. Auzias on this point, and thought that, provided he brought forward from other sources sufficient scientific proof, he might well be excused from experimenting upon his own person.

M. Ricord next launched out with a statement of his own peculiar views as regards the nature of the syphilitic virus. The practice of syphilization, he said, arose from the doctrine of the *unicity* of the syphilitic poison—a doctrine he had once himself espoused, but which he had long since abandoned as absurd. The existence of two kinds of chancre—the hard and the soft—having each its distinctive nature and characteristics, the one being infectious, the other non-infectious, he asserted, is now almost universally received as an admitted fact. This, said he, is the one great fact which governs or ought to govern all this debate. The friends of syphilization, he added, forget this essential distinction, and hence their mistake.

To this M. Auzias returned that such absolute distinction between the hard and soft form of chancre was, in his opinion, wholly fictitious; but, even if true, it would not militate against the doctrine of syphilization: for does not vaccination protect against smallpox? and yet the two diseases are not identical.

Then, retorted Ricord, if, in his estimation, the inoculation with soft chancre will serve as a protection against genuine venereal disease, why will not M. Auzias make the experiment upon himself? Nay, but the health and lives of a sufficient number of unfortunate patients have already been sacrificed to the pernicious doctrine of syphilization. At this juncture, a tall and robust form raised itself up, and, standing erect upon the benches of the amphitheatre, exclaimed in a stentorian voice, "Behold in me a syphilized man and a physician, and I am in perfect health."

After the storm of applause that greeted this announcement had in some measure subsided, M. Crocq appealed to the chair and earnestly requested that the discussion should be closed or brought back to its legitimate bearings. The chair therefore submitted the matter to the decision of the Congress, who decided that the debate should be continued at the next session.

On Monday, the 26th August, therefore, the discussion was opened again, the President, Professor Bouillaud, being in the chair. Your committee will not attempt to picture the scene that followed; suffice it to say, it was the excitement and confusion of the preceding day, tenfold augmented and increased by the personal altercations and clamors of the partisans of the two principal champions in the ring. Imagine some hundreds of angry and excited Frenchmen, pretty nearly equally divided in opinion as to the claims of the particular dogmas in dispute, and an equal number of foreigners, representatives of every race and language in the civilized world, eager and curious observers, if not participants in the fray, with the idle and excitable crowd, which, attracted by the tumult, had streamed in from the street, till every part of the building became crammed almost to bursting with its seething mass of humanity—this between the hours of 2 and 5, P.M., on a day in which the mercury ranged from 96° to 100° Fahr. in the shade—and you have some faint idea of the realities of that memorable 26th August in the amphitheatre of the School of Medicine in Paris.

After two or three hours' duration of this tempest of strife, better councils began to prevail, and voices from all parts of the amphitheatre were heard shouting, "Question," "A truce to personalities," "The scientific question." The scientific question, said the venerable Bouillaud, who now seemed himself to be borne along with the excited current, must be decided by the evidences of observation and of experiment, and not by a vote of the Congress. The question was nevertheless insisted on and pressed to a vote, which, being taken, was pronounced to be unanimously in the affirmative, and was to the effect that it is advisable and the duty of the Congress to urge upon all the governments of the civilized world some energetic measures to diminish the propagation of venereal disease.

The President now proceeded to the nomination of a commission to put into efficient and practical shape and lay before the various governments the views of the Congress upon the prophylaxy of syphilis. The names of the following gentlemen were announced as comprising this commission:

MM. de Meric of London, Hebra of Vienna, Seitz of Munich, Crocq of Brussels, Seco Valdor of Madrid, Galligo of Florence, Palasciano of Naples, Owre of Christiania, Barbosa of Lisbon, Frierich of Berlin, Huebbennet of Russia, Jeannel of Bordeaux, Mongeot of Bar-sur-Aube, Rollet of Lyons, Béhier, Bouillaud, De Chambre, Gosselin, Jacoud, Ricord, Tardieu and Verneuil of Paris, Kingston of Montreal, Wilson Jewell of Philadelphia, Fordyce Barker of New York, and Upham of Boston.

At the subsequent *séances* of the Congress, other interesting topics on the official programme were discussed, the more important among which are those relating to the acclimatization of the European races in tropical countries, and the influence of the diet of different nations in the production of disease. But it will prolong too much the length of this report and weary the patience of the Society to more than allude to these subjects by their titles, and we forbear.

Towards the close of the final session of the Congress, it was decided, after a brief but animated discussion, that the summer of 1869 should be the time and Italy the place for holding the next International Medical Congress, upon which Prof. Palasciano, of Naples, arose and in the name of his countrymen returned thanks for the honor thus done to Italy, and gratefully welcomed them in advance to the land of sunshine and of song, the land, now, as of yore, the ready patron of science, of letters and of art; a land still struggling for liberty and for right, and liable yet again, it might be, to the tumult of martial strife, but which would nevertheless receive with open arms and affectionate hearts as many of her brethren in the peaceful and ennobling pursuits of science and of philanthropy as would honor it with their presence.

Prof. Bouillaud then arose to say it was his desire to see engraved on the walls of the amphitheatre the inscription that here the first international medical congress of the world had been held, and in a few fit and eloquent phrases, cordially thanking all who had assisted in the organization of the Congress and taken part in its proceedings, and expressing the hope that, from whatever race or language or nation they had come, they might be rewarded for their efforts by the enjoyment of that liberty, social, political and religious, which should be to them the crown of their lives—as the presidency of this Congress had been to him the glory and the crown of his own scientific career—amid loud and prolonged applause, pronounced the first International Medical Congress to be at an end.

J. Baxter Upham,
John E. Tyler,
Algernon Coolidge,
B. S. Codman,
John Stearns,
F. H. Brown.

A SINGULAR CASE OF LACTATION BY AN OLD WOMAN.

Mrs. Arnett, a widow from Tennessee, aged about 60, came to Virginia with her youngest daughter to get a legacy left her by her father's will. The daughter, about 30 years of age, was unhealthy, of a sallow, waxy complexion, with an enormously enlarged spleen. Soon after coming to Virginia, the daughter married a young man named Crockett, became pregnant, in due time was delivered of a small, feeble child, and in about two months died. Her mother, Mrs. A., a robust, healthy woman for her age, took the child and tried to raise it by feeding. The child's bowels became disordered; she could not procure a wet nurse, and I advised her, as she had large full breasts, to apply the child to her nipples, telling her I thought milk would come and nourish the child, and that I had read a similar case. She followed my advice perseveringly, and to her astonishment a plentiful supply of milk was secreted. She nourished the child in this way until it was nearly two years old; it became strong and healthy, when she removed back to Tennessee, with the child.

If these facts are doubted, I can prove them by a number of respectable persons, her relatives and others.

Wm. A. Gillespie, M.D.

Louisa Co., Va., August, 1868.

One of the most singular varieties in the tendons of the fore-arm muscles occurred in a subject dissected during last month; in it the flexor pollicis longus supplied the index-finger and sent no slip to the thumb, while the long tendon, which should have come from the flexor pollicis, was traceable only as far as the annular ligament, to which it was inseparably connected; the flexor sublimis was normal, and the flexor profundus supplied only three fingers; the only other anomaly in this arm was a double extensor ossis metacarpi pollicis.—*Med. Press and Circular.*

Hospital Reports.

BOSTON CITY HOSPITAL.

Notes of Operations during the month of June, 1868. Reported by Geo. B. Shattuck, House Surgeon.

Case I.—*Necrosis.* (Under the care of Dr. F. C. Ropes.)—Mary D., aged 26, single. Patient entered the hospital for the first time last December, on account of ulcerated condition of left leg, with necrosis of the tibia, and a similar condition of left forearm, with necrosis of the ulna. Pieces of necrosed bone were removed from both leg and arm by gouges and chisels upon two occasions, and toward the end of March she was discharged, the ulcers upon leg and arm having, after obstinate resistance, healed up. Patient was, at this time, under the care of Dr. Cheever.

Upon May 29th, she was re-admitted to hospital, with arm and leg in much the same condition as before treatment. Along the spine of left tibia the bone was bare in spots for a distance of from four to six inches, the necrosed bone being surrounded by a border of indolent ulceration, which was roughened in places by slight spiculæ of dead bone projecting through it. There was, also, an ulcerated spot over left ulna at junction of middle and lower thirds; this, however, although affording a suspicion of dead bone beneath, would not admit a probe. From both of these ulcerated patches there was a considerable discharge of thin, dirty yellow, sanious pus.

Patient was etherized soon after entrance. An incision eight inches in length was made over tibia, and the integument dissected up a short distance upon either side. No distinct sequestrum of dead bone could be detected. The tibia at this point seemed to have taken on an exuberant growth, and the product of this to have lost its vitality. A considerable amount of dead bone was removed by the chisel and gouges. Nothing was done to the arm.

Patient was discharged, July 13th, at her own request, there being still a considerable quantity of dead bone over the tibia, which came away at times in small fragments, the ulcerations upon arm and leg also persisting. This diseased state had existed for four years; an amputation of the leg was advised before patient was discharged, but she was unwilling to submit to it.

Case II.—*Removal of Sarcomatous Tumor of Neck.* (Service of Dr. F. C. Ropes.)—Sarah L., aged 37, married, domestic. Patient entered the hospital May 18th, with a hard, immovable tumor about the shape and size of a hen's egg, situated just behind the angle of jaw upon left side of neck. Patient had been in the hospital six months previously, at which time a tumor of about the same size, though less adherent, was removed from the same position by Dr. Thaxter. She now sought advice with regard to its second removal.

She was told that there must be a certain amount of danger about operative interference in such a locality, that in all probability the whole of the tumor could not be removed, and judging from its previous rapid return any relief would be but temporary. She left the hospital in order to return to her work. A week after going out she returned, insisting upon an operation. She complained, as she had done before, of sharp, darting pains in region of tumor; said that it annoyed her in swallowing solid food, and interfered with her work and her sleep. She was unable to obtain sleep satisfactorily without an opiate.

Operation.—Patient etherized. An incision six inches in length was made through the integument, fascia and platysma myoides muscle; the sterno-mastoid muscle was found to be incorporated with the tumor in its upper part, and the tumor itself firmly adherent in every direction. The sterno-mastoid muscle was divided entirely through about the middle; the external carotid artery could then be felt pulsating immediately beneath the finger at the lower border of the tumor, could be traced upwards upon the inside of tumor as far as its middle, where it lost itself beneath. The external incision was next enlarged by two inches, and another incision made toward the median line of the neck at right angles to the first, meeting the first incision about its centre; this second incision was two inches in length. From this stage the growth was dissected out from various points, during which dissection an artery, probably the facial, was tied and then cut. The tumor was dissected off from the sheath of the great vessels of the neck for a distance of four inches; part of it, which plunged down beneath these vessels and grew around them, it was not attempted to remove; by far the greater part, however, was taken away. During the operation, which lasted one hour and twenty minutes, only three small arteries were tied besides the facial, comparatively little blood being lost.

Ten hours after the operation patient was comfortable, with a fair pulse of 96.

Three weeks after the operation, the wound in neck was closing up rapidly and looking well, though an uncomfortable stiffness of the neck and a noticeable induration of tissues in the neighborhood of the wound were unpleasant symptoms of future trouble from the old enemy.

Case III.—*Compound Comminuted Fracture into Elbow-joint; Resection.* (Service of Dr. F. C. Ropes.)—G. R., aged 34, married, bar-tender, Italian. Whilst returning from Roxbury, patient fell from a horse car, the wheel of the car passing over right arm just above the elbow. The internal condyle was broken completely off; the humerus was broken into three pieces, and the fracture extended into the articulation. There was a flesh wound extending from four inches above the internal condyle to two inches below it, through which the finger could be swept around freely beneath the integument and passed into the joint; this wound had been sewed up in Roxbury before the patient was brought to hospital, but there was still some little hæmorrhage going on through it.

Patient reached hospital about 10, P.M., June 14th. Dr. Ropes was summoned, and, arriving in a short time, decided to resect the elbow-joint. This was accordingly done. The previously existing opening in arm was somewhat enlarged, the humerus was sawed off just above the condyles; the head of the ulna was also sawed off; that of the radius, being uninjured, was left. The ulnar nerve and the vessels were uninjured during the operation. The edges of the wound were brought together with sutures, and compress wet with carbolic acid kept over it.

The discharge from the wound became very copious; at first of dirty, unhealthy pus and foul gases, but these, after the sloughing of a very considerable part of integument of the upper arm, gave way to laudable pus. A month after the preceding operation, the arm was amputated at the shoulder-joint, from which the patient has now recovered. Although the patient's general condition was good, and the condition of the wound itself excellent, this secondary operation was deemed advisable on account of the very large cicatrix to be closed by granulations; on account of the necrosis of the extremity of the humerus and of the head of the radius, and on account of the nervous anxiety and agitation of the patient, who, though physically strong, was utterly destitute of any mental *morâle.*

Bibliographical Notices.

Researches in Obstetrics. By J. Matthews Duncan, A.M., M.D., L.R.C.S.E., Lecturer on Midwifery in Surgeon's Hall Medical School, Fellow and Member of Council of the Royal College of Physicians, &c. &c. New York: Wm. Wood & Co. 8vo. Pp. 467.

The name of Dr. Duncan is familiar to many of the profession, in this country as well as abroad, as that of a careful and conscientious observer, and the value of a previous work by him on Fecundity, Fertility, Sterility and Allied Topics is fully recognized.

The author says, in his Preface, that most of the essays composing this volume have been previously published in different medical and scientific journals; all such have, however, been revised, and some almost entirely re-written, while several have never before been in print.

The work is divided into five parts, treating respectively of the statics of pregnancy; the pelvis studied with a view to obstetrics; some points in the physiology and pathology of pregnancy and the puerperal state; some topics in natural and morbid parturition; and miscellaneous subjects. An appendix contains references to papers by the author on the subjects embraced in this volume, a catalogue of the authors referred to, and a full index of matters.

In the first part, the author, among other matters, shows, very conclusively we think, from the position of the uterus in pregnancy and the laws governing the position of bodies immersed in fluids, that the normal position of the fœtus *in utero* is not, as many of the highest authorities still hold, owing to the muscular movements of the fœtus itself, but is simply an effect of gravitation. The fresh fœtus at the full term, in fluid of its own specific gravity, assumes the same position as it normally has in the uterus; while the argument which has been brought forward against the gravitation theory, that the hydrocephalic fœtus presents much less frequently the head, is shown to be really an argument in favor of that theory. Although the head of such a fœtus is heavier than that of the normal fœtus, the fluid which makes up its increased bulk is of less specific gravity than that of brain, and therefore the specific gravity of the whole head is less. To attempt to give all the arguments of the author in a limited

space would be manifestly unjust, and we must refer the reader to the book itself.

In the second part, the mechanical formation of the pelvis is discussed, and the mechanical influences which lead to its normal development, or, in certain pathological states, to the production of deformities. The influence of movements of the pelvic joints in parturition, which the author considers occur to a limited extent even in normal labors, is also treated of. Symphyseotomy Dr. Duncan thinks might perhaps be sometimes substituted for craniotomy with advantage.

Part third treats of menstruation in pregnancy; superfœtation, &c., and the seventh chapter is devoted to the consideration of the condition of the cervix uteri in pregnancy. The doctrine of its shortening, generally given in the text-books, is combatted, and the contrary view supported by the authority of various authors and the final test of autopsies made at different stages of pregnancy.

Part fourth contains some investigations as to the power exerted in normal and difficult labors, and that required to rupture the uterus; on the obliquity of the fœtal head in parturition; on the production of inverted uterus, &c.

Part fifth treats of the retentive power of the abdomen and uterine metrology, and in the last chapter is given an interesting case of vagina duplex and saccated uterus.

The volume contains very much of value and interest, and we can warmly recommend it to the profession. Printed in Edinburgh, the type and paper are far better than in most American publications.

THE USE OF REMEDIES DURING MENSTRUATION.—In a work lately published at Paris by M. Raciborski, the author endeavors to show that the prejudicial effects of remedies used during menstruation have no existence. He considers that our acquaintance with the physiology of this function should destroy a prejudice existing both in and out of the profession. M. Raciborski has prescribed emetics and purgatives during the catamenia, and even venesection, without in the least disturbing menstruation. A great point, according to the author, is to explain to the patient that no ill consequences will result from therapeutical interference during the catamenia, as her apprehensions might otherwise prove uncomfortable. Of course, no remedies should be used except they be clearly indicated.—*Lancet.*

Medical and Surgical Journal.

BOSTON: THURSDAY, AUGUST 20, 1868.

SPECIALTIES IN MEDICINE.

CERTAINLY the science of medicine has made great advances of late years. Careful and laborious men have devoted themselves to the scientific investigation of its various branches; have given the work of many years, or of their whole lives to the discovery of some single point, and have thought themselves well repaid by the pleasure derived from their labors and the thought that they have added something certain, be it ever so little, to the sum of our knowledge. These discoveries have not, indeed, always brought forth immediate fruit; the connection of each one with that which should be the great object of the physician, the alleviation of human suffering, may seem sometimes very remote; but they are of real value nevertheless, and their accumulation has added greatly to our available knowledge. In this country, at least, with our practical tendencies and impatience for tangible results, we are too apt to underrate the usefulness of such men. It is natural, however, that we should give higher importance to the labors of those who, availing themselves of the results of previous investigation, present to us something which we can advantageously apply in our practice to the direct benefit of our patients.

As practising physicians, we have to do with the results of these special investigations, rather than the investigations themselves. It is for us to apply the means at our disposal to overcome disease. Various theories and remedies, often contradictory, are offered to us. We cannot, without neglect of the practical part of our profession, and the consequent injury of our patients, go over all the steps which have led to their adoption. On the other hand, we should not accept them blindly.

How much should be taken on trust, and how much we should prove for ourselves in order to become good practitioners, is a difficult question to determine exactly.

Opinions vary greatly on this subject. At least this is certain: while a devotion to investigation alone unfits a man for practice, taking everything on authority makes him a mere reflector of the opinions of others. Such a man, even if he be able to diagnosticate and treat that which is really so rare—a typical case of a disease—is sure to be at fault when he finds himself in the presence of something a little out of the usual course, and there is most need of intelligent services.

The great accumulation of our knowledge of the various branches of medicine, which has rendered it impossible for any one man to thoroughly master the whole, and the belief that, beside extensive and continued clinical study, familiarity with the principles of theory and practice and a certain amount of individual investigation are necessary to make a good practitioner, have led to the formation of specialties. That there is some danger that specialism may carry its votaries too far; that they may be led to look too much for the symptoms of the class of diseases to which they have devoted themselves, and neglect others, is certainly true. It is also true that there may be too many specialties; but very few classes of disease can properly be thus distinguished. It does not follow, however, that every specialist must be blind to aught but his own specialty, nor does it follow that, because some diseases are best treated in connection with general medicine, others may not be better treated chiefly by themselves.

We should, indeed, be far from advocating the special study of any class of diseases alone. A general medical education should precede special study, and is just as necessary in special as in general practice. We should, moreover, esteem it much better that the specialist should, after his graduation in medicine, have engaged in general practice for a while before giving himself up to his specialty. Only thus will he be competent to estimate the influence which the general state of the system may exert upon the special organ which appears to be at fault, or to recognize the symptoms of other disease that may be present. Then, too, when the special affection, as must in any specialty not unfrequently happen, is dependent upon disturbance of some other organ, or if any ordinary complication arises while the patient is under his care, he should not, as a rule, be obliged to call in the general practitioner to his assistance. In other words, the specialist should never allow himself to become entirely ignorant of general medicine.

Even in the case of the eye, generally regarded, and justly, as offering particular advantages for special study, a large proportion of the diseases to which it is subject are referable to derangements of other parts of the economy. It is to these derangements, therefore, rather than to the eye itself, that our treatment, to be effective, must be directed.

But while the specialist should not be a mere specialist, he should not, on the other hand, attempt to be a general practitioner also, except in the limited sense we have mentioned. While the boundary between special and general practice cannot be strictly defined without taking away something from the usefulness of each; while the general practitioner should know something of special branches, and the specialist something of medicine in general, no one man can expect to attain the highest eminence in both. The time and study given to general medicine, beyond that required to master its necessary connection with the particular branch which a man practises, diminish by just so much his opportunities for obtaining a thorough knowledge of that branch, and thus diminish his usefulness.

The general practitioner should not be altogether ignorant of special branches. In our great cities, indeed, this is not perhaps so necessary, as there a specialist can always be readily consulted in an emergency, but in the country the case is somewhat different. The present facilities for travel, it is true, place it within the means of most to repair to cities for treatment in special cases, but, spite of the assistance they may there obtain from charitable institutions, some cannot do so. This class must be treated at their homes, or not at all. Physicians practising in the country should, therefore, be competent to treat any ordinary case of special disease that may present itself.

The quacks who have travelled about the country or settled in cities, promising infallible cures for this or that disease, have tended to bring the title of specialist into disrepute. The prejudices thus excited have been kept up by the course which some rash or unscrupulous men have seen fit to pursue. Now, however, we believe that, in the minds of the medical profession at least, a just distinction is drawn between such men and the educated physician, who, devoting himself to the study of a special class of diseases, shuns anything like notoriety or advertising as carefully as any of his professional brethren in general practice. W.

The Use of Wine a Preventive of Intemperance. *Mr. Editor*,—Amid all the exciting discussions which have for years divided our community, in regard to the use and abuse of alcoholic liquors, we seem to have lost sight of the possibility of extinguishing an unnatural craving, by providing the means of gratifying a healthy appetite. Intemperance, it is well known, is not to any extent a vice of wine-growing countries; what more obvious expedient, then, for the promotion of temperance, than grape culture on so extensive a scale as to afford to even the poorest a cheap and healthy beverage, instead of the poisonous stimulants which increase a morbid appetite and undermine the constitution?

Great efforts have been made in England, within a few years, to develope a taste for the simple wines, instead of the strong liquors heretofore so much in vogue; and the result has been so surprising that I cannot refrain from quoting a short extract from the London *Medical Times and Gazette* for Nov. 20th, 1867.

"It is satisfactory to know that dram-drinking, if not altogether obsolete, is at least on the wane. The various efforts to introduce wines of all kinds into the country have been attended with a degree of success which is most encouraging. The amount of wine consumed in this country has been nearly doubled within the past ten years. Thus in 1864, '65, and '66, the amount cleared for home use was 12,240,000 gallons; while in 1852, '53, and '54, it was only 6,645,000 gallons. On the other hand, it would seem that the quantity of beer imbibed is larger than before. The quantity of spirit drunk is very much less; the returns of the latter for the years 1864, '65, and '66, being more than *two millions* of gallons less than those for the years 1852, '53, and '54."

All this, too, in England, where the vine cannot ripen its fruit on account of the uncongenial climate.

In many portions of our country the climate and soil are admirably adapted to the culture of the grape, and, if intelligently undertaken, this might be carried on in localities unfit for other crops; as for instance, on steep hillsides from which the forests have been cut away, leaving them desolate and barren, though their southern exposures would afford admirable growth to such vineyards as occupy every available foot of the precipitous declivities along the borders of the Rhine.

The material resources of the country would thus be enormously increased, and the people would have within their reach great quantities of a most delicious and healthy fruit, and such wines as would be of salutary effect in assisting and regulating the digestion, lightening the spirits, and adding fresh enjoyment to family and social intercourse. What immense benefits, to give an example, might result from the free use of astringent claret wines in our limestone districts!

Our present native or cultivated wines cannot be taken as specimens of what may be possible in the future. But, when extensive production shall have made them cheap, and experience in preparing the vintage made them good, we may hope to see the wines of our own country superseding the baleful and demoralizing draughts from which denunciation and prohibition have alike proved powerless to wean our people. H. W. W.

Iodine an Antidote to Strychnine.—Dr. Henry W. Fuller, Senior Physician to St. George's Hospital, writes to the *Lancet* as follows:—

In the course of my practice it has often occurred to me to prescribe a mixture containing quinine or strychnine, together with tincture of iodine. No chemist to whom I have spoken on the subject has been aware of any incongruity in the mixture, and few have reported any difficulty in dispensing it. Last summer, however, Messrs. Twinberrow called my attention to the fact that it is impossible to dispense a mixture containing quinine and tincture of iodine without an immediate deposit of an insoluble iodide of quinine, which is precipitated—according to the degree of concentration of the mixture, and to the se-

quence in which the ingredients are mixed—either as a fine brown powder or in large flakes of a dark brown color. More recently, while seeing a patient in consultation with Dr. Williamson, of Mildmay Park, I suggested the administration of a mixture containing a drachm of the liquor strychniæ, two drachms of dilute hydrochloric acid, and two drachms of tinctura iodi. Mr. Young, the chemist of Ball's pond-road, to whom the prescription was sent, observed that a dark flaky precipitate was formed on the addition of the tincture of iodine, and wrote to me, saying:—"In whatever sequence the ingredients are mixed, I find that the whole of the strychnine is precipitated by the tinctura iodi; indeed, so strong is the affinity between these two ingredients that the two fluid drachms of tinctura iodi are capable of decomposing six fluid drachms of the liquor strychniæ, producing an insoluble compound of iodine and strychnine."

With a view to test the accuracy of this statement I have repeated Mr. Young's experiment, and I find it in every respect strictly correct. If one drachm of tinctura iodi is added to a solution of three drachms of liquor strychniæ in four ounces of water, the mixture speedily becomes colorless and almost loses its bitterness, and at the same time a dark brown flaky precipitate of iodide of strychnia takes place. The addition of iodide of potassium, or a large quantity of spirit, will not serve to prevent the precipitation.

Now it is obvious that, for medicinal purposes, a mixture in which such a precipitate occurs must be almost valueless. The patient not only loses the benefit of the quinine or strychnine, but of the iodine also. It is not unreasonable, therefore, to lay down as a rule, that tincture of iodine ought not to be prescribed in a mixture containing either of the above-named alkaloids. Probably a similar reaction would take place with other alkaloids, but of these I have no experience.

Another question of practical importance arises out of this observation. May not a dilute solution of iodine be advantageously given as an antidote in cases of poisoning by strychnine? Neither in Dr. Taylor's work on poisons, nor in any other work which I have had the opportunity of consulting, do I find the slightest reference to iodine as an antidote to strychnine; but if a drachm of the tincture of iodine of the pharmacopœia suffices to precipitate and render insoluble no less than a grain and a half of strychnine (three drachms of the liquor strychniæ), it is difficult to resist the conclusion that, if cautiously administered, iodine may prove a valuable and efficient remedy in cases of poisoning by strychnine.

Intra-Cranial Aneurism.—The case is reported in the *Archives Générales*.

A man, aged 49, of robust constitution and sanguine temperament, while taking a cold bath was seized with violent convulsions, loss of consciousness and vomiting of food. An hour after, the skin was cool; pulse frequent, small and hard; pupils contracted; sensibility decidedly diminished; reflex movements of all the limbs preserved; no distortion of face. The following night he was delirious. In the morning the skin was warm, there was slight convulsive movement of the eyes, pupils still contracted. The diagnosis was meningitis. Leeches were applied to anus and head. Alternate delirium and coma for 10 days, during which time the leeches were continued and calomel given. With salivation, consciousness returned, but two days later he relapsed into unconsciousness, with convulsions. Leeches and purgatives. During the day the state of the patient was comparatively satisfactory, but at night the pulse became frequent, the skin hot; there was headache and delirium. Large doses of quinine were given and gradually diminished; leeches constantly to the temples and mastoid processes; blisters to thighs and morphia at night. At the end of five weeks, recovery.

He appeared completely cured and returned to his work, complaining only of frequent headache and humming in the ears. More than two years after, he was seized with vertigo and convulsions; vomited, and fell; tracheal râles appeared, and he died in about three quarters of an hour. He had never had dyspnœa or palpitation, and there were never any physical signs of heart or lungs.

Autopsy, 17 hours after death. Veins of meninges and venous sinuses gorged with blood. Abundant hæmorrhage, partly coagulated, filled the left ventricle, had broken into the right ventricle and bathed the base of the brain.

In the right anterior lobe, opposite the second convolution, was an old apoplectic cyst, of the size of a hazel-nut, containing a teaspoonful of reddish serum. To the inside of this cyst, four tenths of an inch distant, at the base of the skull, was an aneurismal tumor the size of a pigeon's egg, presenting at the left superior wall a diver-

ticulum as large as a hazel-nut, and lined with concentric layers of fibrine, which reduced its cavity to the size of a small pea.

From its posterior wall issued the anterior cerebral artery, and from its right wall three small arteries, the branches of the anterior cerebral. Incision of the sac brought to view several small atheromatous patches. The other arteries of the cranium appeared healthy. The point of hæmorrhage was not found.

The Doses and Actions of Medicines—a paper read by Dr. Fuller, Harveian Society. He considered that the prevalent distrust in the efficacy of drugs might all be resolved into the three following formulæ:—1. The natural reaction from the overweening confidence in medicine, and from the wholesale and indiscriminate administration of drugs which prevailed at the beginning of the present century. 2. The discovery that certain disorders, if left to themselves, in many instances tend to recovery. 3. The prevalence of extreme ignorance as to the dose in which each drug is tolerated by the system, and as to the dose in which it must be administered in order to obtain its curative effect. After enlarging somewhat on these points, Mr. Fuller concluded an able paper by remarking that by one means or another distrust had come to prevail, and discredit had been thrown on the curative action of drugs. Disease was left to take its natural course, and homœopathy was practised under the guise of scientific medicine. The public, who see by the reports of cases in our periodical literature how little heed some men pay to medicine, were becoming indoctrinated with the belief that drugs are of no avail, and were consistently betaking themselves to the professed homœopath. For this belief Dr. Fuller maintained that there were absolutely no grounds, and urged the Society to appoint a committee for the purpose of investigating the subject of therapeutics and the action of medicines. If, he said, it should prove, on inquiry, that drugs are of no avail in modifying the course of diseases, let us, as honest men, avow our mistake, alter our practice, and admit that homœopaths have had just cause for their vilification of the legitimate practice of medicine; but if, on the contrary, the labors of the committee resulted in establishing the curative action of medicines, where properly administered in doses and in combinations suitable to the exigencies of each case, the profession might fairly hope to obtain as the result of the investigation some trustworthy therapeutical data. The investigation must necessarily be coeval with the existence of the healing art; but the labors of the committee, if carefully conducted, would serve as a model to future inquirers; the conclusions at which they arrived would be a nucleus to which other facts might be added from time to time, until information was obtained in the healing art which would be indispensable to every practitioner; and meanwhile the Harveian Society would have the honor of inaugurating an inquiry which would not have been unworthy of the Royal College of Physicians.—*Lancet.—N. O. Med. Journal.*

Cupping Glasses in the Treatment of Anthrax.—M. Foucher adopted the following method of treating a case of anthrax. It was as large as an egg and situated in the left dorsal region, on a level with the spine of the scapula. He procured a cupping glass about an inch and a half in diameter, and adapting to it the pump, he placed it over the carbuncle and exhausted the air. The cup filled quickly with sanious pus and shreds of tissue; he left it on for some moments, when upon taking it away the pain disappeared and the tumor was emptied of its contents. He applied the cup three successive days; each time all organic detritus was removed from the tumor, and the third time the integument over the part came away, leaving a healthy exposed surface, perfectly clean, and commencing to be covered with healthy granulations. The borders of the wound were irregular, sharp, and elevated, and suppuration was normal. The dressing consisted of poultices, and the wound proceeded to a speedy cure.—*Bouchardat's Annual Abstract.—Pacific Med. and Sury. Jour.*

Perforating Ulcer of the Duodenum.—Dr. Terry exhibited at the New York Pathological Society, a portion of the duodenum, the seat of a perforating ulcer which was removed from a painter. The patient was at work one afternoon upon a platform, and losing his balance he made a successful effort to recover himself, when he felt for the first time a sharp pain in the epigastrium. This afterwards annoyed him so much that he was forced to leave his work and go home. He walked 15 blocks, and when he arrived at his destination, staid around the house. The following night was a more or less restless one, and the next morning there was increased pain and tenderness over the abdomen, accompanied

with fever and thirst. He died of peritonitis 40 hours after the accident.

At the autopsy, a quart of turbid serum was found in the abdominal cavity; the anterior and superior surfaces of the stomach and the convolutions of the superior portion of the intestines were covered with a layer of greenish material resembling sage tea. The duodenum about half an inch below the pylorus, on its anterior aspect, was the seat of a perforating ulcer, which was open throughout its entire extent as if it had given way at once and entire.—*Medical Record.*

Aphasia, with Hemiplegia of the left Side.—London Hospital. Under the care of Mr. Hughlings Jackson.

Although cases of aphasia, or, as Dr. Hughlings Jackson would say, "defect of intellectual expression," with left hemiplegia, have been recorded—Dr. Jackson has related three cases in the London Hospital Reports, vol. i., 1864—they are certainly rare. There is now, however, a man in the London Hospital who is paralyzed on the left side (he has never been paralyzed on the right), who can usually only say "yes" and "no," and the phrase "Come on to me," or part of this phrase. He, however, sometimes gets out other ejaculatory sentences. He cannot now write, and cannot point out letters. His general health seems to be excellent. We make a note of this case, as it has been supposed by some that exceptional cases are not put on record. In the same ward in which the patient lies are two cases according to rule.—*Lancet.*

Sulphate of Manganese in Chorea.—Dr. Hammond (*N. Y. Med. Gazette*) mentions two cases of chorea treated by him with this remedy after other treatment had failed. One was a girl, 14 years old, who took five grains three times a day; the other a boy of 15, who used the iodinized cod-oil in addition. In the girl, iron had disturbed the head and stomach. The therapeutic action of the two articles is said to be analogous, as they both exist in the blood, which contains, in an adult, 16 grains of iron and 10·5 of manganese.—*Medical and Surgical Reporter.*

Creasote Enemata in Chronic Diarrhœa.—Creasote is recommended as an effective remedy in chronic diarrhœa. It was employed in a case which had resisted other treatment and with the most gratifying results. The quantity injected should be three or four drops with a little mucilage or starch. A grain or two of opium may well be added.—*Pacific Med. & Surg. Jour.*

Francis H. Ramsbotham.—We have to announce the death of this eminent physician, who died on the 6th ult., in his 68th year. He was the son of an accoucheur in large practice, to which he succeeded. He was educated at the London Hospital and at Edinburgh, where he took his degree in 1822. He lectured with ability and success for many years at the London Hospital Medical School on obstetric and forensic medicine. His work on Obstetric Medicine and Surgery is everywhere known, and he also published some lectures in the medical journals. Of late he had been obliged by ill health to give up practice and retire into the country.

M. Ricord's Last.—During the recent discussion at the Senate on liberty of teaching, when so much priestly intolerance was exhibited, M. Ricord observed—"This liberty is in a bad way; it has an affection of the heart." "How so?" "Why! it will die in consequence of mitral insufficiency."—*Courrier Médicale.*

Dartmouth Medical School.—The present term of this School opened last Thursday. Dr. Alpheus B. Crosby takes the chair of Professor of Surgery, vacated by the retirement of his father, Dixi Crosby, LL.D., who, during his thirty years connection with the School, has been absent but on one occasion from his post on account of illness. Dr. Crosby, Senior, will still lecture on Obstetrics.

Appointments, &c.—J. H. Chadwick, Esq., Henry G. Clark, M.D., and David Thayer, M.D., have been appointed by the Secretary of the Treasury as a Board of Honorary Visitors to the Chelsea Marine Hospital.

Thos. Bevan, M.D., Physician to Cook Co. Hospital, has been appointed to the Chair of Public Hygiene in Chicago Medical College. J. P. Ross, M.D., Physician to Cook County Hospital, has been appointed to the Chair of Diseases of the Chest in Rush Medical College.

Profs. Austin Flint, Senior and Junior, and Foster Swift, have resigned their respective chairs in the Long Island College Hospital.

Selections and Medical Items.

Calcification of the Pericardium.—Dr. C. F. Fenn, of Chicago, read an interesting history of a case of this kind where the subject was about 65. He was admitted to the Hospital Dec. 19, 1867, with the following symptoms: Complexion sallow, feet and legs œdematous ; the circulation irregular, excitable and feeble, the radial pulse being felt with difficulty. The apex of the heart was felt about an inch to the left of its normal position, and there was a want of rhythm and a sense of distance in the sound, but no friction sound or murmur was detected. Respiration was irregular, sighing and imperfect. The mental faculties seemed imperfect, his words being incoherent and articulated in a mumbling way. The urine was normal in appearance and quantity, but contained albumen. He died Feb. 2, 1868. An autopsy, 48 hours after death, revealed old adhesion of the right pleura, the lungs full of dark blood, and the middle of the right lung hepatized. The coverings of the heart *in situ* seemed normal, but in an attempt to cut through the pericardium, an extensive deposit of calcareous matter was found, which covered the whole anterior face of the heart and about half the posterior. The deposit was deficient over the upper part of the left margin of the heart, and extended to the right, a little beyond the ventricular septum. A firm adhesion existed between the apex and the base of the sac. The inner surface of the pericardium was roughened only in spots, the heart was enlarged, softened, and covered with plastic lymph. The aortic valves were calcified. The arch of the aorta, about the opening of the left subclavian, presented a rough and calcified surface, a square inch in area, and plastic deposits existed along the inner surface. The liver was enlarged and indurated, and the kidneys were both atrophied to about one-third their natural size.—*Chicago Medical Examiner.*

Spontaneous Subsidence of an Ovarian Tumor.—S. Mitchell, M.D., was called to see a patient about 40 years of age, with a large tumor which occupied nearly the whole abdominal cavity. It was multilocular, more than usually hard, and of nearly two years' growth. It was first discovered when about the size of an egg, and was situated in the right ovary. It was attended with but little pain, and the general health was but little impaired when seen by Dr. M. After a careful examination of the case it was decided not to operate upon the tumor. The tumor became very burdensome, and the patient was obliged to wear a strong bandage with shoulder-straps to support it. About two years after having first seen the patient, she was again seen, when it was ascertained that about two years before she had ceased to menstruate, since when the tumor had steadily decreased in size and was now about the size of a small child's head, quite hard and firmly fixed. She has no pain, and says she is quite well.—*N. Y. Medical Journal.*

Infant Mortality in Paris.—The *Courrier Médicale*, of Paris, in a very able article on the mortality of infants, attributes it in a great many instances to the insufficiency of the development of bone, and adds that the milk of a healthy nurse ought to contain two and one-half grammes of phosphate of lime, which is the basis of all osseous matter. From observations made, it appears that scarcely one in ten women has milk coming up to this standard, and, therefore, the infants, it is said, necessarily perish or grow up sickly and probably deformed.—*Med. Record.*

The Late Michael Faraday.—Prof. John Tyndall, the successor of Michael Faraday in the Royal Institution, has written a memoir of his friend, in which his scientific investigations are fully discussed.

MEDICAL DIARY OF THE WEEK.

Monday, 9, A.M., Massachusetts General Hospital, Med. Clinic; 10, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

Tuesday, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10–11, A.M., Massachusetts Eye and Ear Infirmary.

Wednesday, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., Operations.

Thursday, 11 A.M., Massachusetts General Hospital Clinical Surgical Lecture.

Friday, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., Operations. 9 to 11, A.M., Boston Dispensary.

Saturday, 10, A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., Operations.

To Correspondents.—Communications accepted:—Cases of Ovariotomy—Chronic Case of Gastralgia treated by Galvanic Current.

Books and Pamphlets Received.—On Diseases peculiar to Women, including Displacements of the Uterus. By Hugh L. Hodge, M.D., Emeritus Professor of Obstetrics and Diseases of Women and Children in the University of Pennsylvania. With Illustrations. Second Edition, revised and enlarged. Philadelphia: Henry C. Lea. 1868.—Progressive Locomotor Ataxia. By Walter Coles, M.D., of the Medical College of Virginia.—Who discovered Anæsthesia? By S. Parsons Shaw, Manchester, Eng.—Treatment of Paralysis by Hypodermic Injections of Strychnine. By M. Gonzales Echeverria, M.D., New York.

Died,—At Baton Rouge, La., Aug. 15th, Chandler B. Braman, Assistant Surgeon U.S.A., late of Brighton, known to the readers of the Journal as a recent contributor to its pages, aged 27.—In Philadelphia, July 28, David Gilbert, M.D., formerly Professor of Surgery in the Pennsylvania Medical College, aged 65.—On board the U. S. Steamer Ossipee, at Acapulco, 15th ult., Dr. J. McD. Rice, late of Philadelphia.

Deaths in Boston for the week ending Saturday noon, August 15th, 163. Males, 103—Females, 60.—Disease of the bowels, 1—inflammation of the bowels, 1—congestion of the brain, 3—disease of the brain, 5—bronchitis, 2—cancer, 6—cholera infantum, 62—cholera morbus, 4—consumption, 16—convulsions, 6—debility, 3—diarrhœa, 5—dropsy of the brain, 1—dysentery, 9—bilious remittent fever, 1—scarlet fever, 2—typhoid fever, 6—disease of the heart, 2—intemperance, 1—inflammation of the lungs, 4—marasmus, 5—measles, 2—old age, 1—paralysis, 1—premature birth, 2—puerperal disease, 1—rheumatism, 1—tumor, 1—unknown, 5—rupture of the urethra, 1—whooping cough, 3.

Under 5 years of age, 105—between 5 and 20 years, 7—between 20 and 40 years, 28—between 40 and 60 years, 13—above 60 years, 10. Born in the United States, 133—Ireland, 19—other places, 11.